



INVESTMENT PLAN TEMPLATE

HOUSING AND HOMELESSNESS INCENTIVE PROGRAM

July 18, 2022

PURPOSE OF THIS INVESTMENT PLAN TEMPLATE

The Housing and Homelessness Incentive Program (HHIP) is a Medi-Cal Managed Care Plan (MCP) incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

The California Department of Health Care Services (DHCS) is providing this Investment Plan (IP) Template as a required submission for MCPs seeking to participate in the HHIP. The primary goal of the IP is for MCPs participating in the HHIP to demonstrate to DHCS that they have a clear plan for achieving measures and targets across the course of the program, in collaboration with their local partners, through targeted investments in activities and efforts that align with program measures and goals and support the MCP's performance strategies. MCPs will be eligible to earn incentive payments for successful completion and submission of the IP, subject to acceptance of the IP by DHCS. The IP is worth up to 10% of each MCP's allocated earnable funds for HHIP overall. DHCS will evaluate the IP based on the MCP's demonstration of a meaningful investment strategy, including how adequately stated needs are addressed and how effectively funding is targeted, to support the achievement of program measures and goals.

Participating MCPs will be eligible to earn HHIP payments for the successful completion or achievement of HHIP program milestones and measures. Such payments do not constitute pre-funding or reimbursement for investments made using MCP funds in pursuit of program milestones and measures. Once the HHIP payments are earned by the MCP, DHCS does not direct or restrict the MCP's use of the earned incentive funds.

Each MCP must collaborate with the local Continuum(s) of Care (CoCs) to complete one IP per county in which they are participating in HHIP using this Word file template. **Completed IPs must be submitted to DHCS no later than Friday, September 30, 2022.**

HHIP Program Submissions



INVESTMENT PLAN SUBMISSION STRUCTURE

The IP template has the following four components (with associated earnable points) and must be completed in full and submitted to DHCS no later than **September 30, 2022**. DHCS will not accept a submission if any of the components are missing (i.e., an incomplete submission) or unsatisfactory. MCPs participating in the HHIP across multiple counties must submit a separate IP for each county.

- **PART I: Investments:** MCPs must submit a narrative describing specific investments they intend to make to overcome identified housing and service gaps and needs to meet the goals of HHIP. The narrative should include details of anticipated funding activities, investment amounts, recipients, and timelines. For each intended investment, MCPs must specify:
 1. Which HHIP measures each investment is intended to impact; and
 2. Whether each investment will support MCP or provider/partner infrastructure and capacity (or both), or direct member interventions.
- **PART II: Risk Analysis:** MCPs must conduct a brief risk analysis to identify challenges they may face in achieving the HHIP program goals and in making the investments outlined in Part 1. This narrative description will include what steps the MCP might take to address these potential risks and barriers.
- **PART III: CoC Letter of Support:** MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP, and support the MCP's IP. The letter of support should be included with this IP submission **as an appendix**.¹
- **PART IV: Attestation:** MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee, and included with this IP submission **as an appendix**.

As part of the HHIP submission 1 requirement, MCPs may detail any proposed prospective changes to the IP based on observed impacts and lessons learned from investments made during the measurement period. If prospective changes are not proposed, MCP must submit reaffirmation that the original IP (this submission) remains up to date. Retrospective changes are not allowable.

¹ If an MCP is operating in a county with multiple CoCs, the MCP must obtain letters of support from at least 50% of the CoCs in the county.

MCP INFORMATION

Provide the name and contact information for the MCP submitting this IP response.

MCP Name	Inland Empire Health Plan
Lead Contact Person Name and Title	Matthew Wray, Director, Health Services Special Initiatives
Contact Email Address	Wray-m@iehp.org
Contact Phone	(909) 890-2932

PART I: INVESTMENTS

Using the table below, MCPs must submit a narrative describing specific investments they intend to make to overcome existing funding gaps and meet the goals of the HHIP. For each investment activity, MCPs should include details on anticipated:

- I. **Investment Activity:** Investment that will be made throughout CY 2022 and CY 2023 toward achieving the HHIP program goals to (1) ensure MCPs have the necessary capacity and partnership to connect their members to needed housing services, and (2) reduce and prevent homelessness.
- II. **Gap or Need Addressed:** Identify the existing funding gaps or county needs that the investment is intended to address, and specify how the MCP identified this gap/need (i.e. in reviewing the HHAP², through conversations with the CoC). Funding gaps and county needs are defined as gaps/needs in housing-related infrastructure, capacity and provider partner capabilities that are not sufficiently funded to meet the needs of Medi-Cal beneficiaries.
- III. **Description:** Details of the investment activity, including anticipated:
 - a. Dollar amount. If the specific dollar amount is not known at this time, the MCP may provide a dollar range, which should be as narrow as possible.
 - b. Recipient(s). If the specific organization is not known at this time, the MCP may provide the type of recipient which should be defined as specifically as possible (i.e. all FQHCs in a defined geographic region, short-term housing shelters in need of beds).
 - c. Timelines for the investment activity, including potential plans for sustainability after the conclusion of the HHIP.
- IV. **HHIP Measures Impacted:** Specify HHIP measure(s) that the investment activity is intended to impact. In total across all investments, a minimum of ten measures that are designated “P4P” in either Submission 1 or Submission 2, or both, must be impacted.
- V. **Domain Targeted:** Specify whether the investment will support MCP or provider/partner infrastructure and capacity (or both), or serve as a direct member intervention.

MCPs may add additional rows to the table submission as needed.

² Materials for each round of HHAP can be accessed on the [HHAP website](#). MCPs should use the HHAP-3 assessment of funding availability to inform their IP submission (or the HHAP-2 assessment, if the HHAP-3 assessment is unavailable).

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
<i>Example: CoC Support</i>	<i>Insufficient resources for the CoC to complete the PIT count; based on MCP/CA-501 conversation on June 15.</i>	<i>Support CA-501 San Francisco CoC in the collection of point in time (PIT) count of members by January 2023</i>	<i>\$50,000 - \$80,000</i>	<i>CA-501 San Francisco CoC</i>	<i>6/2022 – 1/2023</i>	<i>3.3</i>	<i>Provider/ Partner Infrastructure</i>
1. CoC Support	Enhance partnership between MCP and CoC's.	<ul style="list-style-type: none"> \$1M to San Bernardino CoCs to supplement existing HHAP financial plans and strengthen housing-related infrastructure and workforce (i.e., administrative costs, employee retention, and certifications) 	\$1M	San Bernardino County CoC	10/2022 – 10/2023	1.1	MCP and Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
2. CES Support	Improve connection and integration with local CES	<ul style="list-style-type: none"> • \$2M to support San Bernardino County CES' infrastructure development and enhancement including software upgrades, data matching, system integration, workforce education and development (i.e., onboarding and training of employees). • Funding will assist with increasing access points and assessment capacity to be able to serve more individuals/families. It will contribute to administrative support call volume received through the CES. 	\$2M	San Bernardino County CES	10/2022 – 10/2023	1.2	MCP and Provider/ Partner Infrastructure
3. Community Supports Services Enhancement	Provide more medically appropriate and cost-effective housing-related Community Supports services or other housing-related services to MCP members who are	<ul style="list-style-type: none"> • \$250,000 to enhance community supports vendors to incentivize landlords. • \$500,000 may be provided to organizations serving the SMI/SED population for the enhancement/expansion of housing related services. 	\$750k	MCP contracted community supports vendors; organizations serving the SMI/SED population	10/2022 – 10/2023	1.3	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
	experiencing homelessness						
4. CoC collaboration and partnerships	Increase the number of data sharing agreements with counties, CoC, and/or organizations that deliver housing services allowing for timely exchange of information and member matching.	<ul style="list-style-type: none"> \$2M to support the expansion of contractual arrangements that include data sharing agreements with housing-related service Providers who can provide interim housing, rental assistance, supportive housing, outreach services, and/or prevention/diversion services 	\$2M	San Bernardino County housing related service providers	10/2022 – 10/2023	1.4	Provider/ Partner Infrastructure
5. DMC-ODS Support and Collaboration	MHP and DMC-ODS do not capture housing status.	<ul style="list-style-type: none"> \$500,000 to San Bernardino County to improve the sharing of patient information including member matching and current housing status, integration, coordination of care, and case management with MHPs 	\$500k	San Bernardino County CoC	10/2022 – 10/2023	1.5	MCP and Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
6. Transitional care/housing support	Lack of transitional housing for Members who were discharged from an inpatient setting or Emergency Department.	<ul style="list-style-type: none"> • \$13,750,000 over 3 years to support San Bernardino County with Transitional Care Homes. Transitional Care Homes • This includes providing a community, home-like setting that offers step down – structured behavioral health treatment services on-site, as well as provides supportive housing for individuals who are either 1) are stepping-down from locked care or 2) experiencing mental health issues in addition to homelessness. Both streams of persons would benefit from the type of care and education to support readiness for transition to independent living in the community (own residence, reunification with family) and linkage to the behavioral health continuum of care for continued stabilization. 	\$13,750,000	San Bernardino County	10/2022 – 10/2025	3.2, 3.5	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
7. Disparities and Equity Services Support	Address disparities and equity in service delivery, housing placements, and housing retention.	<ul style="list-style-type: none"> • \$1M to support San Bernardino County's CoCs in addressing disparities and equity in outreach, coordination, and permanent supportive housing solutions • \$1M to address disparities and equity by supporting entities who provide services to the LBGTQ+ and HIV population 	\$2M	San Bernardino County CoC; Entities providing services to the LBGTQ+ and HIV/AIDS population	10/2022 – 10/2023	1.6	MCP and Provider/ Partner Infrastructure
8. Street Medicine Support	Increase ability to identify and house individuals who are not accounted for in reports, require more urgent services, and dissemination of information.	<ul style="list-style-type: none"> • \$1M for IEHP to directly contract with a street medicine provider/teams who provide medical care for patients experiencing homelessness using "street medicine" model best practices and create increase encampment response • \$2M to support the County and CoC to integrate and develop street medicine teams. 	\$3M	IEHP, San Bernardino County, & CoC	10/2022 - 10/2023	2.1	MCP and Provider/ Partner Infrastructure
9. HMIS Collaboration and Enhancement	HMIS is not being used to its full	<ul style="list-style-type: none"> • \$500k to support system enhancements to utilize San Bernardino County's HMIS to its fullest potential, 	\$3.5M	San Bernardino County CoC	10/2022 - 10/2023	2.2	MCP and Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
nt	potential.	<p>such as, improving data fields within the system to allow case managers to create a more complete member profile, strengthen communication linkage/loop between housing providers, health plans and the counties to ensure Members are receiving services. This will in part be achieved by enhancing the capabilities of the HMIS system in collaborative efforts with the County HMIS administrators. An improvement example may be to capture HMIS client health plan information to ensure housing providers can connect with the client's health plan.</p> <ul style="list-style-type: none"> • \$3M to incentivize County HMIS to enhance member matching capabilities and develop capabilities to allow for timely alerts of changes in a Member's housing status. 					re

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
10. Community Supports	Increasing Community Support Providers and housing-related care services.	<ul style="list-style-type: none"> \$2M to expand the network of Community Support Providers as well as augment housing-related care services to include; increased case management services in clinics, behavioral health staffing, respite beds, and substance abuse and/or prevention programs. \$6M to incentivize IEHP's Community Support Providers to increase the number of housing-related and recuperative care Community Support (CS) services for IEHP Members. Funding to also incentivize CS Providers to be able to electronically receive, follow-up and close referrals. 	\$8M	Currently and newly contracted IEHP Community Supports providers	10/2022 – 10/2023	2.3, 3.3, 3.4	Direct Member Interventions
11. Permanent Supportive Housing	Lack of infrastructure and housing space/beds	<ul style="list-style-type: none"> \$5M over 3 years to support the CoC's development/infrastructure for capital improvement projects that are in progress or nearing completion to support and expand the capacity in San Bernardino County to 	\$11M	1. San Bernardino County CoC 2. IEHP contracted housing related service	10/2022 – 10/2025	3.5, 3.6	Provider/ Partner Infrastructure

Investment Activity	Gap or Need Addressed	Description (2 – 3 sentences for each activity)	Dollar Amount or Range	Recipient(s) or Recipient Type(s)	Timeline	HHIP Measure(s) Impacted	Domain Targeted
		<p>sustainably house IEHP Members. Funding will be used to secure/reserve beds/space for IEHP Members.</p> <ul style="list-style-type: none"> • \$6M will also be used to incentivize current and prospective housing related service providers to expand capacity to sustainably house IEHP Members. 		providers servicing San Bernardino County			

PART II: RISK ANALYSIS

Using the space below, MCPs must submit a narrative response detailing a brief risk analysis for their IP, including:

- I. What factors the MCP anticipates may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals;
- II. Which aspects of the IP might be affected by those factors; and
- III. What steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

Description of Anticipated Contingencies (500 - 1000 word limit)

I. What factors does the MCP anticipate may arise that would make it challenging for the MCP to achieve its goals and the HHIP program goals.

IEHP's Investment Plan activities, funding amounts, and timelines are an estimation based on discussion with San Bernardino County CoCs using information available at the time of submissions and is subject to change.

The MCP anticipates several challenging areas that may (and in certain instances will) impact IEHP's ability to demonstrate improvement in the HHIP program goals/measures. The first area of challenge is accurately counting the homeless population. The inability to accurately record the population can pose a challenge for several reasons. First, homeless individuals reside in random places such as cars or abandoned buildings, making it difficult to include them in a count if they are not visibly easy to spot. Additionally, some homeless individuals might actively avoid discovery, preventing them from being included in a count. The second reason is the dynamic homeless population, which poses a challenge since the number count will differ daily.

IEHP anticipates challenges in collaborating with local and regional entities in the CoC to acquire the most relevant data regarding homeless and homelessness due to database/technology limitations. Current databases such as HMIS are not as robust as anticipated and often do not integrate data across authorities. Additionally, fields in the user interface may not be utilized or filled out, preventing reports from capturing MCP needed data and presenting an incomplete or inaccurate picture of the severity of homelessness.

The MCP anticipates the 42 CFR regulation will limit accessibility to required Member information, resulting in difficulty to ascertain a complete record of homelessness in the counties.

IEHP also recognizes via its collaboration with its County housing partners and CoCs that there is an extreme shortage of housing stock and availability. Given the very short timeline of the incentive program, and thus time to demonstrate improvements in housing Members, it will be challenging to invest in projects that can impact measures related to housing Members and keeping those Members housed in such a short amount of time.

Lastly, the MCP anticipates timeline challenges with achieving many of the metrics for HHIP, and more specifically, metrics related to directly housing and keeping Members housed. Investments require time to organize and develop contracts with outside organizations outlining strategies and payment structures. Additionally, many of our external partners and counties have public board processes that must be adhered to for execution of agreements. With those in mind, and given the short timeline of the incentive program, it will be difficult to demonstrate

improvements and complete development projects in a timely manner to impact specific housing measures.

II. Which aspects of the IP might be affected by those factors; and (under header III below)

The aspects of the investment plan that will primarily be affected by factors noted above include 1) partnerships and capacity to support referrals for services, 2) infrastructure to coordinate and meet Member housing needs, 3) delivery of services and Member engagement. Within each of these aspects, additional areas may be identified (i.e.: direct rental payments), which will be addressed outside of the investment plan, and 4) technology (i.e., HMIS).

III. Steps the MCP would take to address these factors and avoid or mitigate impact to the IP.

There are several steps that the MCP will be taking to address the factors mentioned above. First, there will be a conscious effort to improve our partnerships and relationships for our referral activities. We will focus on this by identifying and partnering with the appropriate entities who can assist in carrying out the identified goals for the HHIP program plan. The MCP will integrate within the CES systems by way of establishing meeting attendance cadence, on-site workgroups, webinars, and overall increased communication with leadership, and improve engagement efforts by establishing and shoring up partnerships within the counties to provide appropriate and cost-effective support services. Additionally, data sharing agreements are being installed and renewed so that we can Member match and run reports to correctly identify Members who are homeless or at risk of becoming homeless.

PART III: CoC LETTER OF SUPPORT

MCPs must submit a signed letter of support from their CoC partner(s) validating that the CoC(s) collaborated with the MCP, were given an opportunity to review the MCP's IP response, and support the MCP's IP. For MCPs in counties with more than one CoC, **at least 50% of CoCs** must provide signatures indicating their support.

The CoC letter of support or CoC signature(s) should be included with this IP submission as an appendix.

Part IV: Attestation

MCPs must provide a signed attestation that the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets as of the date of signature. The attestation must be signed under penalty of perjury by the MCP's Chief Executive Officer or Chief Financial Officer, or equivalent executive officer, or their designee.

The signed attestation should be included with this IP submission as an appendix.

San Bernardino County Homeless Partnership

Homeless Provider Network

Administrative Office
215 North D Street, Suite 301, San Bernardino, CA 92415-0044
Office: (909) 501-0610



August 31, 2022

Michelle Baass
Director
Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: Letter of Support for the Housing and Homeless Incentive Program

Dear Michelle Baass:

As the governing body for the County of San Bernardino Continuum of Care (CoC), the Interagency Council on Homelessness (ICH) provides this letter of support to Inland Empire Health Plan (IEHP) for the Housing and Homelessness Incentive Program (HHIP).

IEHP has been an active participant in the Continuum of Care for several years, including in many leadership roles with the Interagency Council on Homelessness. IEHP also serves on the Health Care/Behavioral Health workgroup and most recently on the Grant Review Committee. IEHP has worked collaboratively to develop a Local Homeless Plan and is very engaged in the San Bernardino Behavioral Health Subcommittee.

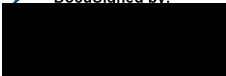
IEHP is a very strong partner in this community, and they continue to provide invaluable programs and services to the Inland Empire. As a participant in the ICH, IEHP, providers of housing and homeless assistance programs, and other federal programs meet to promote community-wide planning and the strategic use of resources addressing homelessness. Also, it is important to note that through this ongoing relationship, IEHP's Investment plan coordination was funded by the CoC.

IEHP is an advocate within our community that continues to serve the community at large, not just their IEHP Members. We strongly support their efforts and appreciate the value of IEHP, and their collaboration with the CoC and ICH.

As an active member of the CoC, IEHP assists by seeking to improve coordination and integration with mainstream resources, improve and expand the collection of data countywide, develop performance measurements, and assist the community to achieve stability through self-sufficiency.

IEHP's approval for the HHIP will support continued efforts that serve to strengthen the ability to assist our residents who are at risk of or are experiencing homelessness.

Regards,

DocuSigned by:


Maria Razo
Chair, Interagency Council on Homelessness

**Medi-Cal Managed Care
Housing and Homelessness Incentive Program (HHIP) Investment Plan (IP)
Certification (to be completed by Health Plan CEO/CFO/COO/Authorized Executive)**

Health Plan: Inland Empire Health Plan

County: San Bernardino County

I certify that, to the best of my knowledge, the IP provides a true representation of the MCP's expected investment plan and strategy for achieving program measures and targets.

As a CEO, CFO, COO, or Executive duly authorized to sign on behalf of the Health Plan listed above, I am authorized or designated to make this Certification, and declare that I understand that the making of false statements or the filing of a false or fraudulent claim is punishable under state and federal law.

By: Jarrod McNaughton

Print name

09/30/22

Date

Signature

CEO

Title